

San Diego, CA

October 3-4, 2006 DOUBLETREE CLUB HOTEL SAN DIEGO

> 1515 Hotel Circle South, San Diego, CA 92108





HUD Regional Place-Based Training Tuition Scholarship Application

WHO SHOULD APPLY

The NeighborWorks® Center for Homeownership Education and Counseling (NCHEC), partnered with the U.S. Department of Housing and Urban Development (HUD), is offering full tuition scholarships to the staff, including housing counselors of HUD-Approved housing counseling agencies. A limited number of scholarships are available for select NCHEC Homeownership and Community Lending courses. Depending on space availability, through March 2007, HUD will pay the tuition and registration fee for up to two staff members per HUD-Approved Housing Counseling Agency to attend training including the course listed.

HOW TO APPLY

Pre-Registration is *REQUIRED*. Complete this application form and fax or mail to NCHEC by August 24, 2006. There will be no on-site registration.

Scholarships will be awarded on a fist-come, first-served basis with priority given to applicants located within the immediate HOC region of the regional PBT training. Applicants will be notified of award decisions within one week of the scholarship deadline via fax, e-mail or phone.

<u>Send only one form per applicant</u>. Do not submit more than 2 applications per organization for a HUD-Approved Housing Counseling Agency Training Program scholarship through March, 2007.

- ➤ Incomplete applications will not be considered.
- > Scholarship awards are non-transferable to other individuals or from one event to another.

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Signature:

TRAVEL AND LODGING

Tuition and lodging included for this training only (on a first come, first served basis).

Mail or fax form to: NeighborWorks® Training Institute Attn: NCHEC

1325 G Street, NW, Suite 800 Washington, DC 20005 Fax: 202-376-3678

Questions? Call 1-866-785-4401 or e-mail: nchec.hudtraining@nw.org

Visit www.nw.org/nchec for more information

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HO111 Home Equity Conversion Mortgages

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(Please print or typ ☐ Mr. ☐ Ms.	pe.)	
Name		
Title		
Organization		
Address		
City		State Zip
Phone (day)		Fax
E-mail address		
(Required) Is your organization	sing Counseling Agency ID # _ a subgrantee of a HUD Interm which	nediary? YES NO
Are you enrolled in a If yes, please state v	•	ll Certificate Program? ☐ YES ☐ NO
Size of Organization □ Staff of 1 to 5 □ Staff of 6 to 10 □ Staff of 11 to 20 □ Staff of 20+	Annual Operating Budget ☐ Under \$250,000 ☐ \$251,000 to \$500,000 ☐ \$501,00 to \$1,000,000 ☐ Over \$1,000,000	Race (optional) – please check one. American Indian/Alaska Native Asian Black/African-American Hispanic/Latino Native Hawaiian/Pacific Islander White Other
In two to three sente organization or within		d use or the impact the training will have upon your
A signature and app Executive Director w	roval is required from your Exec ill not be processed.	cutive Director. Applications without a signature from the
Executive Director		

I affirm that all of the above statements are true to the best of my knowledge

NeighborWorks®